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ABSTRACT

Results of a 1992 survey showed that up to 39% of adolescents and colleges students may be affected by nonclinical depression. While research shows that depression is related to achievement, it is not yet clear how depression and achievement are related. However, current data do indicate that depressed individuals may show a general malaise about studying and utilizing effective study habits. This study investigated the relation between study habits and depression in college students (n=129). Students with more depressive symptoms did not have greater difficulty with specific study behaviors, but did with off-task behaviors (i.e., with getting focused on studying). Females reported significantly more depressive symptoms than did males, which in turn significantly lowered the productivity of their study habits. The results help pinpoint specific problems exhibited by students with depressive symptoms, as well as sex differences in problems. Two figures provide samples of the instruments used in the study: Study Habits Inventory and Center for Epidemiologic Studies Depression Scale. Two tables report results of the study. (JBJ)

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Is Depression Related to Study Habits?

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Abstract

Depression is a problem for many adolescents and college students, and may impair students' learning skills and reduce chances for academic success. We investigated the relation between study habits and depression in college students. Females reported significantly more depressive symptoms than did males. Students with more depressive symptoms did not have greater difficulty with specific study behaviors, but did with off-task behaviors (i.e., with getting focused on studying). The results help pinpoint specific problems exhibited by students with depressive symptoms, as well as sex differences in problems.

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Is Depression Related to Study Habits?

In the world today, a great number of people struggle with depression. The results of a 1992 study showed that up to 39% of adolescents and college students may be affected by nonclinical depression (Henderson & Pollard, 1992). Study after study supports the view that depression creates a sense of helplessness and lowers confidence in one's competence in all areas. For example, it has been shown that depression can affect academic performance. Children with high depression scores are "prone to helplessness" in academic environments and also tend to score lower on standardized tests than children who are not depressed (Nolen-Hoeksema, Girgus, & Seligman, 1992). Although research shows that depression is related to achievement, it is not yet clear how depression and achievement are related. Previous research investigating a direct relationship between depression and specific achievement-related behaviors has been limited. However, current data do indicate that depressed individuals may show a general malaise about studying and utilizing effective study habits. In our work, we wanted to investigate further the relation between depression and study habits.

A need for basic research in this area exists because effective study skills are an important factor in education, and few data are available regarding the relationship between degree of depressive symptoms and study habits in the general population, such as college students. A more thorough knowledge of the relation between depression and study habits may provide an avenue to understand why some students do not achieve and also to help depressed students improve their study skills.

The purpose of our research was to answer 3 questions. First, do college students who report more depressive symptoms exhibit poorer study skills than do students with fewer depressive symptoms? Second, do different aspects of study skills relate differentially to depression? Third, how does gender fit into all of this?

Generally, effective study skills encompass a wide range of behaviors, from the necessary planning and gathering of materials to actual concentration and staying focused on the topic. To examine study habits and skills, we administered a self-report questionnaire to 129 undergraduate students, 81 females and 48 males, enrolled in introductory psychology courses at Arkansas State University. The questionnaire included 31 items from the Study Habits Inventory developed by Craig Jones and John Slate at ASU (SHI; Jones & Slate, 1992). Example items can be seen in Figure 1.

Insert Figure 1 about Here

To examine depressive symptoms, we also administered a slightly modified version of the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977, 1991). The CES-D included 19 statements concerned with behaviors and feelings about oneself. Example items can be seen in Figure 2.

Insert Figure 2 about Here

As you will recall, our first question of interest was the general one of whether there is a relation between study habits and depression. The results confirmed the hypothesis that depressive symptoms are related to study skills. A small but significant correlation was found between depression and study habits, $r(127) = -.24$, $p < .01$, demonstrating that college students who report more depressive symptoms also exhibit poorer study skills than do students with less depression. The data showed a definite trend for despondent individuals to report faulty study skills.

Our second question was whether different aspects of study skills are differentially related to depression. We divided the broad range of study behaviors into 2 categories, off-task and engagement behaviors. This division was based on a factor analysis of the original SHI. Off-task behaviors include such activities as skipping classes, daydreaming, and doodling, whereas engagement behaviors consist of skills such as outlining chapters, reviewing, and recopying lecture notes. Thus, off-task behaviors are those that keep one from studying and engagement behaviors are those that demonstrate specific study skills used during the process of studying.

Insert Table 1 about Here

The results are presented in Table 1. Although depressive symptoms and the off-task behaviors reflected in the SHI scale were significantly related $r(127) = -.38$, $p < .001$, depression was not significantly related to engagement behaviors $r(127) = -.10$, $p > .05$. This pinpoints more exactly the problems that individuals with depressive symptoms have with studying. As the symptoms which characterize depression (e.g., poor appetite, poor concentration, feeling hopeless, and restless sleep) increase in frequency, the off-task behaviors (e.g., skipping classes and daydreaming during study periods) also increase. Subjects with depressive symptoms also reported that it took them a long time to begin concentrating, that they were easily distracted, and were inclined to wait until they were in the right mood to begin studying. This indicates that the general problem for these individuals is with preparation and focusing, or being more on-task.

Nevertheless, once these subjects are able to focus on the study material, they report engagement activities which are just as effective as those reported by subjects who report few depressive symptoms. Engagement tasks include such activities as outlining chapters and asking yourself questions to focus on reading material. Thus, once they are focused, the nature of the study skills used by students tends not to vary with the extent of depressive symptoms.

Our third question was how gender fits into all of this. Our data were consistent with previous research in that a correlation was found between gender and depressive symptoms, with females reporting more depressive symptoms than males, $r(127) = .29$, $p < .01$. So, we have a correlation between depression and off-task behaviors, and one between depression and gender. The real question then becomes whether there is a relation between gender and off-task behaviors. Here we have 2 opposing views: (1) given the correlations with depression, females should have more off-task behavior, but (2) most previous research has found that females have better study habits, so we would expect to find the same here. In these data, at first there appeared to be no relationship between gender and off-task behaviors. However, we examined this more closely by adjusting the study habits data for depressive symptoms, and then reexamining the correlation between gender and off-task behaviors. This is shown in Table 2.

Insert Table 2 about Here

We found that the gender differences in depression were masking the gender differences in study skills. In other words, after statistically accounting for the effects of depression, females do report better study habits than do males. This suggests that females do in fact engage in better study habits than males, but that may not always be apparent because females also tend to exhibit more depressive symptoms.

To summarize, the results of this study show a definite relationship between depressive symptoms and certain behaviors, particularly off-task behaviors, which limit the individual's ability to study effectively. Also, the results support a recognized trend for females to report more depressive symptoms than males, which in turn, significantly lowers the productivity of their study habits. Furthermore, the patterns found here help to explain why some research does and some does not support the argument that females exhibit more effective study skills than males. In general, the results indicate that depressive symptoms lower academic performance in both males and females, but that females are more likely to exhibit those symptoms.

Because students with different types of problems are in the same classroom, the knowledge gained from this study could help educators to distinguish students who need help with methods from students who have more of a motivational problem. For example, some students may be motivated and trying hard without succeeding because they do not know how to study, whereas students with depressive symptoms may know how to study, but would need motivational encouragement or counseling. The ability to distinguish between different needs is a major factor in allocating limited resources properly.

The implications of this research for professional educators and counselors may be to gather more information about students who are not achieving. This would enable them to target and watch for possible depressive symptoms exhibited by students having difficulty with academics. With this information, early intervention programs could be enacted to aid students in easing their combined difficulties with depression and

a lack of focus. Given that this is a correlational study, research is needed to investigate further the nature of the relationship between depression and study habits, such as possible causal links and remediation.

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FIGURE 1
Example Study Habits Inventory Items
(modified from Jones & Slate, 1992)

I get up, write notes to my friends, or look at other people when I should be studying.

I have to wait for the mood to strike me before attempting to study.

I have a tendency to doodle or daydream when I am trying to study.

As soon as possible after class, I recopy my notes.

I make a preliminary survey by skimming a chapter before reading it in detail.

I work out personal examples to illustrate general principles or rules that I have learned.

FIGURE 2

Example Items from the Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977, 1991)

I have been bothered by things that usually don't bother me.

I have felt depressed.

I have felt lonely.

I have felt sad.

My sleep has been restless.

(Note: All items follow the stem "During the current semester")

Table 1
Correlations Between Study Habits Subscales and Depression.

	Depression
Engagement Behaviors	-.11
Off-task Behaviors	-.38

(Note: Off-task behaviors are reverse scored. Higher numbers indicate less off-task behavior.)

Table 2
Multiple Regression: Relation Between Sex and Off-task Behaviors, Controlling for Depression

	Beta	R^2
Dependent Variable: Off-task Behaviors		
Step 1, Enter Depression	-.38	.14
Step 2, Enter Sex	.26	.21